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OCT 20 2006

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7590

07/26/2006

Steven Bress

7851-C Beechcraft Avenue

Gaithersburg, MD 20879

10/20/2006 HUSHARE 00000048 10765345

01 FEE:501

700.00 UP

02 FEE:504

300.00 UP

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STEVEN BRESS	(Depositor's name)
<i>St. Bress</i>	(Signature)
10/20/2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10765345

01/27/2004

Steven Bress

1052

TITLE OF INVENTION: SYSTEMS AND METHODS FOR RESTORING CRITICAL DATA TO COMPUTER LONG-TERM MEMORY DEVICE CONTROLLERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	10/26/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
IWASHKO, LEV	2186	711-154000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies

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- ☐ A check is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*St. Bress*

Date

10/20/2006

Typed or printed name

STEVEN BRESS

Registration No.

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USPTO

**Fax No.:** (571) 273-2885**Phone No.:****Subject:** Issue Fee**FROM:****Name:** Steve Bress**Phone No.:** 301-208-8373**Fax # Verified by:****# Pages (incl. this):** 3**Date:** 10/20/2006**Message:**

Re: U.S. Application of : Steven Bress et al.

Application No.: 10/765,345

Filed: January 27, 2004

Title: Systems and methods for restoring critical data to computer long-term memory device controllers

Attached are forms PTOL-85 and PTO-2038.

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